



**Submission No. 83**  
(Overseas Trained Doctors)  
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# **Submission to the Parliamentary Inquiry into Registration Processes and Support for OTDs**

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The Rural Doctors Workforce Agency (RDWA) welcomes the Parliamentary Inquiry into registration processes and support for Overseas Trained Doctors (OTDs).

OTDs make an important contribution to the fabric of rural and remote health care in South Australia (SA); one that is growing. Opportunities to continue to improve the registration experience for OTDs will benefit rural and remote communities in SA by:

- Enabling a more efficient supply of informed registrants;
- More effective matching of registrant to community;
- Encouragement to complete Fellowship; and
- Retention of OTDs to rural and remote SA beyond moratorium obligations.

RDWA's submission is based on its experience as the key State-based organisation responsible for recruiting and supporting a medical workforce for rural and remote SA.

#### **Term of Reference 1**

- 1. Explore current administrative processes and accountability measures to determine if there are ways OTDs could better understand the colleges' assessment processes, appeal mechanisms could be clarified, and the community to better understand and accept registration decisions:**

First it should be acknowledged that while there is a national system in name, the administrative processes and accountabilities are State and Territory based. Comparison across States and Territories indicates significant variation in College and the Australian Health Practitioner Regulation Agency (AHPRA) requirements.

For example, in Victoria, the Royal Australian College of General Practitioners (RACGP) Pre-Employment Structured Clinical Interview (PESCI) is conducted against a generic job description for general practice, and then based on the PESCI recommendations; the applicant is matched to a suitable position. In South Australia, the RACGP requires that the applicant be assessed against a particular position.

This is cumbersome and problematic because the matching process is best done once clinical competence has been identified, and it also results in the PESCI provider directing where the applicant is placed without full information regarding the applicant's needs and preferences.

The RDWA believes it is possible to categorise position descriptions into bands, enabling an applicant to be assessed clinically and then matched to a practice within that band of characteristics.

The different requirements across jurisdictions results in confusion for potential OTD applicants and, where some requirements appear less onerous than others, advantage to those jurisdictions.

There are three main elements and two providers for OTDs GP registration in SA:

- RACGP –PESCI
- RACGP – Fit for Intended Clinical Practice Interview (FICPI)
- Registration by AHPRA

OTDs do not necessarily differentiate between RACGP and AHPRA, and there have been times when the information regarding the requirements and elements necessary has not been consistent across both websites or through advice from the individual agencies.

Ensuring that all parties provide information that is consistent and up to date in relation to each other will reduce the level of confusion and increase the level of confidence OTDs have in the Australian processes.

For example, the Specialist Pathway can be more attractive to OTDs because the length of time to complete is shorter than the Competent Authority Pathway.

The information regarding the various pathways however, has not been provided in easily understood or accessible ways.

As a consequence, the RDWA has noted high levels of applicant dissatisfaction when applicants realise the pathway they may have chosen is more protracted, while achieving the same end result.

A significant proportion of interest in working in Australia comes via word of mouth from existing OTDs working in Australia. The dissatisfaction with information and its impact on choices will act as a disincentive and has the potential of reducing the supply of OTDs.

The decision to bring their family and spend their future in Australia is only arrived at after serious consideration as it means significant cultural, social, familial and professional upheaval and comes at considerable personal financial cost.

If the RACGP provides clearly specified timeframes for each step in the pathway process, the applicant could make informed decisions and better plan and prepare for their move to Australia.

## **Recommendations**

### ***1.1 Consistent paperwork across process agencies***

*The RACGP SA & NT faculty need to ensure that the paperwork required for the PESCI (e.g. CV and position description) correlates to the registration paperwork required by AHPRA.*

### ***1.2 Current information regarding processes***

*Mechanisms need to be established to ensure that potential applicants and support agencies such as the RDWA are able to discern when requirements change. Navigating the dense information is time consuming, and it can be difficult to discern changes without those changes being made explicit. Information provided to OTDs prior to attending PESCI is detailed and needs to be maintained.*

### ***1.3 RACGP requirements of the Specialist Pathway – FICPI***

*The RACGP needs to clearly communicate with applicants and stakeholders regarding timeframes for the specialist pathway, in particular the timeframe for each step in the process*

#### **1.4 AHPRA communication regarding new standards and processes**

AHPRA state offices need to better communicate with stakeholders regarding new standards and processes that are being endorsed. At the moment all information is communicated via the AHPRA website, however, unless someone knows what they are looking for it is very hard to find, and you need to be constantly checking the website for changes.

It is recommended that AHPRA develop a subscription update service that potential applicants and agencies such as the RDWA can subscribe to for updates and changes. This would greatly improve the quality, efficiency and effectiveness of recruitment agency's work and confidence of applicants in AHPRA processes.

#### **1.5 AHPRA and RACGP requirements of PESCI**

The SA and NT RACGP PESCI process should be amended to assess applicants in bands of position description rather than individual practice position descriptions.

The RDWA would be able to assist in defining the bands and characteristics for rural South Australia, for example solo, small group or large group practices.

#### **Term of reference 2**

- 2. Report on a) the support programs available through the Commonwealth and State and Territory governments, professional organisations and colleges to assist OTDs to meet registration requirements, and b) provide suggestion for the enhancement and integration of these programs:**

The RDWA recognises the role that OTDs play in the rural medical workforce and has developed a comprehensive recruitment service that enables suitable doctors to navigate the complex pathways and requirements to practising in rural SA.

This includes:

- Initial screening for suitability for rural practise in SA
- Information on the various pathways and elements to registration
- Visa support
- Information for family members.

Once identified as suitable for rural practise, the RDWA:

- Case manages applicants through vacancy options
- Provides paid site visits for the applicant and partner
- Provides information to enable with application for PESCI and AHPRA to be as straightforward as possible
- Assists with visa paperwork, hospital credentialing
- Provides contract, business and financial information and grants
- Once contracted to practice, provides a resettlement support program that includes a relocation grant.

The importance of high quality orientation cannot be over-stated. To ensure that OTDs are not required to work in practice without good orientation, the RDWA pays the OTD an orientation grant for the two weeks of orientation that it has organised in collaboration with the local Division of General Practice, the practice and other practices in rural SA who are also paid to provide one of the weeks' orientation to new doctors.

Orientation includes the Australian Health Care System, practice orientation and community orientation.

Once in practise, the RDWA continues to work with the OTD to assist with the transition for the doctor and for their family. Importantly, all OTDs are strongly encouraged and supported to undertake preparation and structured learning for Fellowship of either RACGP or Australian Rural and Remote Medicine (ACRRM).

The RDWA provides significant Fellowship Support, with some funds from the Commonwealth Department of Health and Ageing's Additional Assistance Program, in collaboration with state based regional training providers.

Fellowship preparation support includes:

- Participation in preparation courses,
- Access to resources (e.g. journals, online education)
- Medical Educator visits
- Mock exams.

In addition to Fellowship Support, the RDWA facilitates individual OTD access to clinical placements to assist with up-skilling in any identified areas of need, to support OTDs to practise with confidence in rural and remote SA. This can include clinical areas such as emergency medicine, paediatrics, chronic disease management, women's health, obstetrics and anaesthetics.

There is enormous pressure for medical practitioners to become supervisors of OTDs however there is little or no training for supervisors. Supervisors are not paid to take on the extra responsibility.

This is a growing issue of concern in rural and remote areas, particularly in consideration of the factors that we know are important to retaining a rural health workforce and the pressures of rural general practice

## **Recommendations**

### **2.1 Comprehensive application and registration support**

*The RDWA case management model has demonstrated an efficient and effective process for supporting OTDs to registration, and an effective mechanism for matching applicants to practice environments.*

*It is recommended that this model be considered as an exemplar and for demonstration nationally.*

### **2.2 Orientation**

*Comprehensive orientation is absolutely essential for OTDs (and for all new doctors). OTD needs include effective orientation to the chronic disease management, Indigenous Health, the Australian Health system, and indemnity.*

*Orientation in demonstration practices as well as the practice to which the OTD has been contracted provides an excellent introduction to rural practice, without pressure to produce patient throughput.*

*It is recommended that orientation is funded for at least two weeks prior to commencing practice, and that AHPRA establishes a mechanism to ensure that it can satisfy itself that any requirements it imposes are carried out.*

### **2.3 Supervision**

*It is recommended that AHPRA endorse guidelines that clearly outline the issues of supervisor training, eligibility and accountability for medical practitioners who take on the role of supervisor.*

*It is further recommended that AHPRA outline its processes for grievance if an OTD believes that he or she has not received adequate supervision.*

### **Term of reference 3**

#### **3. Suggest ways to remove impediments and promote pathways for OTDs to achieve full Australian qualification, particularly in regional areas without lowering the necessary standards required by the colleges and regulatory bodies.**

Any strategy to achieve full Australian qualification must not lower standards or be perceived to lower standards. This perception feeds biases against OTDs and creates a sense of second-class medical practitioners.

The RDWA believes that it is the comprehensive nature of the supports and services that creates effectiveness in achieving full registration and Fellowship of the relevant College.

The points made in Term of Reference 1 and 2 are pertinent to Term of Reference 3.

In addition, there are considerable demands on OTDs to see patients, support themselves and their families in settling into a new country and there is little time for study leave to prepare for Fellowship exams. Paid study leave would allow focussed time to prepare for the exam, and a greater opportunity to succeed the first time.

Access to Fellowship exams is problematic, being held only twice a year. If exams were more readily available, candidates would have more choice and opportunity to plan when they could sit the exam.

#### **3.1 Study leave to prepare for Fellowship Exams**

*Paid study leave would enable OTDs in private practice time to fully prepare for Fellowship Exams.*

#### **3.2**

*The Colleges should be encouraged to increase the frequency of Fellowship exams.*